PEDIATRICS.

UNDER THE CHARGE OF

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The Pathology of Noma.—Crandon, Place, and Brown (*Boston Med. and Surg. Jour.*, 1909, clx, 473) report 47 cases of stomatitis in the course of measles, 7 of which went to the stage of definite gangrene of the lips and cheeks; 2 of the latter recovered. Their investigation concerning the pathology of the condition leads them to believe noma to be due to a fusiform bacillus, which grows best along the edge of the necrotic tissue adjoining living tissue. In some cases it excites almost no inflammatory reaction; in other cases the reaction is considerable. In the necrotic tissue the fusiform bacilli rapidly die out and the tissue becomes invaded by various other bacteria. Noma is not a contagious disease and patients suffering with it need not be isolated. Any uncared for mouth, particularly in a sick child, and especially after measles, may contain Bacillus fusiformis and Spirocheta gracilis. In such a mouth these organisms may be found without ulceration, or in the lesions which have been described as stomatitis gangrenosa, Vincent's angina, and noma. The lesions, in other words, may be only round the roots of teeth, on the tonsils and pillars, on the inner side of the cheeks, in the nasal fossæ, on the external ear, and about the genitals. Any of these conditions, including the extensive gangrene and sloughing of so-called noma, may be different stages of the same disease, which may be, therefore, considered as not necessarily a specific disease, but as the successful ingress of mouth bacteria into tissue rendered non-resistant by uncleanliness and preceding disease.

Appendical Abscess in a Twenty-seven-months-old Child; with an Analysis of Infantile Appendicitis in the Johns Hopkins Hospital.—Churchman (*Johns Hopkins Hosp. Bull.*, 1909, xx, 31) reports the case of a boy, aged two and one-quarter years, who was admitted because of painful urination, which had existed, however, on and off for more than a year. A vesical calculus was supposed to exist, partly because of the history and symptoms, and partly because of a shadow seen on *x*-ray examination, but a stone could not be found by the examination under ether. The pain on urination disappeared, however, after the examination. Several weeks later there were abdominal cramps and fever, and abdominal distention; pain and tenderness, especially in the right side, developed, and a diagnosis of appendicitis was made on the fifth day; there were no urinary symptoms or vomiting. The operation revealed an abscess, which was drained and counterdrained through the flank; the temperature did not return to normal until the ninth day. This as well as the high pulse existing (180) were thought to be due to iodoform poisoning, but the removal of the gauze did not improve conditions. Plain gauze he considers better for drainage in young children. Of 1223 cases of appendicitis noted at the Johns Hopkins Hospital, 9 were in children under 5; 6 of these were boys. In one of the instances 2 paternal uncles had been operated on for the disease. Five of the patients gave no history of previous attacks; in all 5 the appendix was found perforated; one of them had had general peritonitis, 1 spreading peritonitis, 2 had abscesses, and 1 a gangrenous appendix with beginning abscess. The remaining 4 patients had had previous attacks: 1 six months before admission; 1 had had two attacks, another had had an attack two years before the operation, and the fourth was attacked shortly before the operation. In 4 the diagnosis presented difficulties, tuberculous arthritis, general peritonitis, cerebrospinal meningitis, and vesical calculus being the diagnoses made respectively. All urinary symptoms should suggest the possibility of appendicitis, and in infants with apparent hip-joint disease, particularly if the thigh be flexed, appendicitis should be kept in mind. Palpable resistance on the right side by rectal examination is one of the most frequent findings in appendicitis. The tendency to early perforation in children (7 cases) must be remembered; also the frequency of spreading peritonitis. Intestinal obstruction occurred in 4 cases. The outlook, if early operation is performed, is good, unless peritonitis has set in, when the case is almost hopeless. Besides intestinal obstruction, the only complication which arose after the operation was pneumonia in one case.

OBSTETRICS.

UNDER THE CHARGE OF

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Uterine Contractions.—Bell and Hick (*Brit. Med. Jour.*, March 27, 1909) report the following results in their studies upon the physiology of uterine contraction. They found that extracts prepared from the ductless glands increase uterine contraction, and in varying degrees raise blood pressure. The pituitary and adrenal extracts act upon the involuntary muscle in general. They also increase blood pressure. Thyroid extract lowers blood pressure, but increases uterine contractions. If convulsions occur, the blood pressure rises. Ovarian extract from pregnant animals seems to control uterine contractions, especially in their expulsive efforts. The secretion obtained from the uterus acts upon the inactive uterus, as do the pituitary, adrenal, and placental extracts. It does not, however, raise blood pressure. Uterine secretion and placental extract are somewhat similar in their effect. Uterine secretion seems to act as a specific in producing uterine contractions. Calcium salts show a definite influence upon uterine contractions, with a sight but definite rise in blood pressure. A slow, forcible, and rhythmic contraction is obtained—the type seen in labor. Uterine secretion and calcium salts possess the most specific action in causing uterine